

MAUI COUNTY BOARD OF ETHICS
c/o Department of the Corporation Counsel
200 South High Street
Wailuku, Maui, Hawaii 96793
Phone: 270-7740 Facsimile: 270-7152

FINANCIAL DISCLOSURE STATEMENT

Name: _____ This is a: ☐ First-time filing
(check one) ☐ Annual update
Daytime Telephone Number: _____ ☐ Interim new information update

Mailing Address: _____

I am a: ☐ **Candidate for public office**
(check one) **Name of public office:** _____
Date of filing of nomination papers: _____

☐ **Elected or appointed official of the County of Maui**
Position title: _____
Date of election or appointment: _____

☐ **Board or Commission member**
Name of Board/Commission: _____
Date of appointment (month/year): _____

ITEM 1--ANNUAL INCOME (Include retirement income)		
OCCUPATION (For Previous Calendar Year)	EMPLOYER AND BUSINESS ADDRESS	ANNUAL COMPENSATION* (see letter code below)
Yourself:		
Spouse:		
Dependent Children:		
<div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Additional sheet attached<input type="checkbox"/> None</div>		

*For dollar amount value, please use appropriate letter code as follows:

(A) Less than \$1,000	(D) \$25,000 to \$49,999	(G) \$200,000 to \$499,999
(B) \$1,000 to \$9,999	(E) \$50,000 to \$99,999	(H) \$500,000 to \$999,999
(C) \$10,000 to \$24,999	(F) \$100,000 to \$199,999	(I) \$1,000,000 or more

ITEM 2--OTHER EARNINGS, INCOME, OR COMPENSATION IN ANY FORM

SOURCE	ANNUAL AMOUNT OR RANGE* (see letter code below)	CONSIDERATION PERFORMED OR GIVEN FOR COMPENSATION DISCLOSED IN THIS ITEM (if any)

☐ Additional sheet attached ☐ None

ITEM 3--EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY COMPANY CARRYING ON BUSINESS IN THE STATE (Including publicly traded companies in which you own stock)

NAME, LOCATION & NATURE OF BUSINESS	PERCENT OWNERSHIP & VALUE OF YOUR INVESTMENT* (see letter code below)

☐ Additional sheet attached ☐ None

ITEM 4--IDENTIFY EACH CREDITOR INTEREST CURRENTLY HELD BY YOU IN AN INSOLVENT BUSINESS

NAME, LOCATION OF INSOLVENT BUSINESS	AMOUNT OWED* (see letter code below)

☐ Additional sheet attached ☐ None

ITEM 5--YOUR PERSONAL RESIDENCE

MORTGAGE HOLDER	PRESENT AMOUNT OWED* (see letter code below)	ADDRESS OF PROPERTY

☐ Additional sheet attached ☐ None

*For dollar amount value, please use appropriate letter code as follows:

- | | | |
|--------------------------|----------------------------|----------------------------|
| (A) Less than \$1,000 | (D) \$25,000 to \$49,999 | (G) \$200,000 to \$499,999 |
| (B) \$1,000 to \$9,999 | (E) \$50,000 to \$99,999 | (H) \$500,000 to \$999,999 |
| (C) \$10,000 to \$24,999 | (F) \$100,000 to \$199,999 | (I) \$1,000,000 or more |

ITEM 6--OTHER DEBT (List all creditors and current debt owed: include mortgages, car and other loans, and credit cards-- list only if balance exceeds \$10,000 at any time over the last 12 months)

NAME OF CREDITORS	PRESENT AMOUNT OWED* (See letter code below)
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None	

ITEM 7--REAL PROPERTY INTERESTS OF ANY KIND IN MAUI COUNTY, EXCLUDING PERSONAL RESIDENCE (if owned by business entity, hui, or partnerships, indicate name of entity and general partner)

STREET ADDRESS (IF NONE, PROVIDE TAX MAP KEY NO.)	OWNERSHIP OF PROPERTY (HOW IS TITLE HELD)	PERCENT OWNERSHIP	VALUE OF YOUR INTEREST * or TAX ASSESSMENT (see letter code below)
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None			

ITEM 8--OFFICER, DIRECTOR, OR TRUSTEE POSITIONS (including companies and non-profits)

NAME AND LOCATION OF ORGANIZATION/BUSINESS	TYPE OF POSITION HELD	NATURE OF ORGANIZATION/BUSINESS
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

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- | | | |
|--------------------------|----------------------------|----------------------------|
| (A) Less than \$1,000 | (D) \$25,000 to \$49,999 | (G) \$200,000 to \$499,999 |
| (B) \$1,000 to \$9,999 | (E) \$50,000 to \$99,999 | (H) \$500,000 to \$999,999 |
| (C) \$10,000 to \$24,999 | (F) \$100,000 to \$199,999 | (I) \$1,000,000 or more |

ITEM 9--PERSONS, FIRMS OR ORGANIZATIONS YOU HAVE REPRESENTED BEFORE COUNTY AGENCIES IN THE LAST YEAR

NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY	NATURE OF MATTER

☐ Additional sheet attached ☐ None

ITEM 10--GIFTS: List gifts received from a single source with aggregate value of \$50 or more within the last year preceding the filing of this form (see instructions)

WHO RECEIVED GIFT (you, spouse, dependent child)	NATURE OF SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY:	DESCRIPTION OF GIFT	DATE RECEIVED	VALUE OF GIFT (best estimate of value)

☐ Additional sheet attached ☐ None

REMARKS: (Additional information or disclosures)

CERTIFICATION: I hereby certify under penalty of perjury that the above is a true, correct, and complete statement.

SIGNATURE OF PERSON FILING DISCLOSURE

DATE

PRINT NAME

Amended 2012

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- | | | |
|--------------------------|----------------------------|----------------------------|
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| (B) \$1,000 to \$9,999 | (E) \$50,000 to \$99,999 | (H) \$500,000 to \$999,999 |
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